

APPLICATION INFORMATION

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| Application Type:: | Utility |
| Title:: | INTERFERON GAMMA THERAPIES FOR IDIOPATHIC PULMONARY FIBROSIS |
| Attorney Docket Number:: | INTM-035PRV2 |
| Request for Non-Publication?:: | |
| Assignee for Publication:: | |
| Total Drawing Sheets:: | Eight |
| Small Entity?:: | Small |
| License US Govt. Agency:: | No |
| Contract or Grant Numbers:: | |
| Sequence Submission?:: | No |
| Computer Readable Form (CRF)?:: | |

INVENTOR INFORMATION

| | |
|---------------------------|---------------|
| Inventor One Given Name:: | Williamson Z. |
| Family Name:: | Bradford |
| Postal Address Line One:: | |
| Postal Address Line Two:: | |
| City:: | Brisbane |
| State or Province:: | CA |
| Postal or Zip Code:: | |
| Citizenship Country:: | |

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|---------------------------|----------|
| Inventor Two Given Name:: | Karen |
| Family Name:: | Starko |
| Postal Address Line One:: | |
| Postal Address Line Two:: | |
| City:: | Brisbane |
| State or Province:: | CA |
| Postal or Zip Code:: | |
| Citizenship Country:: | |

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|-----------------------------|--|
| Inventor Three Given Name:: | |
| Family Name:: | |
| Postal Address Line One:: | |
| Postal Address Line Two:: | |
| City:: | |
| State or Province:: | |
| Postal or Zip Code:: | |
| Citizenship Country:: | |

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 24353
Telephone One:: (650) 327-3400
Telephone Two:: (650) 833-7710
Fax:: (650) 327-3231
Electronic Mail:: borden@bozpat.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 24353

CONTINUITY INFORMATION

This application is a::
> Application One::
Filing Date::

This application is a::
> Application Two::
Filing Date::

which is a::
>> Application Three::
Filing Date::

which is a::
>>> Application Four::
Filing Date::

PRIOR FOREIGN APPLICATIONS

Foreign Application One::
Filing Date::
Country::
Priority Claimed::